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APPLICANTS  Karl Reinitz, /  ** CONTINUING DA	Arnold, MD;	·*						
	CATIONS ************************************		ENTITY *	*				
met Allowance MD  Verified and Acknowledged Examiner's Signature Initials				HEETS TOT AWING CLAI 5 19		MS	INDEPENDENT CLAIMS 3	
<b>ADDRESS</b> KARL REINITZ 75 SHERIDAN ROA ARNOLD, MD21012								
TITLE Surgical suturing ap	paratus							
RECEIVED No	FEES: Authority has been given in Paper No to charge/credit DEPOSIT ACCOUNT No for following:			All Fees  1.16 Fees (Filing)  1.17 Fees (Processing Ext. of time)  1.18 Fees (Issue)  Other  Credit				